

STATE OF HAWAII

**11 SEP 12 A9:56 NOTICE OF AND REQUEST FOR EXEMPTION
FROM CHAPTER 103F, HRS**

STATE PROCUREMENT OFFICE
To: ~~STATE CHIEF PROCUREMENT OFFICER~~

From: Department of Health, Adult Mental Health Division *97*
Department/Division/Branch or Office


Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1. Title and description of health and human service(s):	
Provision of a supervised, structured day program including center and community-based recreational activities for a brain injured individual. The day program services include all activity supplies, admission fees, lunch, snacks, and transportation.	
2. Provider Name and Address:	Special Education Center of Hawaii (SECOH) 708 Palekaua Street Honolulu, HI 96816
3. Total Contract Funds:	\$72,000 (estimated)
Contract Funds per Year (if applicable):	Year 1 \$35,000 Year 2 \$37,000
4. Reference number of Previous Request for this Service (if applicable):	PEH No. 09-11, 10-11
5. Term of Contract:	Start: 11/01/11 End: 10/31/13
6. Describe how procurement by competitive means is either not practicable or not advantageous to the State:	
<p>Procurement by competitive means is not practical because the provider is the only organization that the individual's case manager has been able to identify who is willing and capable of providing services to the individual. As a result of a settlement agreement entered into in the United States District Court, although the Adult Mental Health Division (AMHD) disputes the individual's eligibility for AMHD services, AMHD has agreed to provide this individual with adult day program services as long as the individual is capable of receiving such services.</p> <p>The provider is currently providing the adult day program services under previously approved requests for exemption, PEH No. 09-11 and 10-11. Since entering the provider's program, the individual has been able to attend the program on a regular basis. The individual continues to need the service and the importance of continuity of services is another reason why it is not practical to procure this service by competitive means.</p>	

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7.	<p>Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable:</p> <p>The individual's case manager and AMHD staff have searched for adult day programs that are willing and able to provide services to a brain injured individual. Goodwill Industries provided services to the individual for two months, but finally acknowledged that their staff lacked the experience and confidence in working with individuals with a brain injury.</p> <p>After leaving Goodwill, the individual's case manager took approximately five months to find another adult day program, SECOH, which would accept a brain injured individual. During these five months, the individual did not receive any day program services.</p> <p>No new providers have been identified who are capable and willing to provide the required adult day program service.</p>				
8.	<p>Describe the state agency's internal controls and approval requirements for the exempted procurement:</p> <p>Service and administrative requirements under the contract shall be monitored through AMHD's regular oversight and monitoring procedures.</p>				
9.	<p>List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract:</p> <p>Amy Yamaguchi, AMHD Public Health Administrative Officer (PHAO) Enid Kagesa, AMHD Contracts Coordinator</p>				
10.	<p>Direct questions to (name & position):</p> <table style="width:100%"><tr><td style="width:45%">Phone number:</td><td>Amy Yamaguchi, PHAO 808-586-4681</td></tr><tr><td>e-mail address:</td><td>amy.yamaguchi@doh.hawaii.gov</td></tr></table>	Phone number:	Amy Yamaguchi, PHAO 808-586-4681	e-mail address:	amy.yamaguchi@doh.hawaii.gov
Phone number:	Amy Yamaguchi, PHAO 808-586-4681				
e-mail address:	amy.yamaguchi@doh.hawaii.gov				

I certify that the information provided above is to the best of my knowledge true and correct.

 <i>Department Head Signature</i>	<u>9/9/11</u> <i>Date</i>
<u>Loretta J. Fuddy, A.C.S.W., M.P.H.</u> <i>Typed Name</i>	

NOTICE
<p>The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to: Aaron Fujioka, Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.</p>

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FOR CHIEF PROCUREMENT OFFICER USE ONLY

Chief Procurement Officer's Comments:

This award is required to be posted on the Awards Reporting System.

☒ **APPROVED** ☐ **DISAPPROVED** ☐ **NO ACTION**


Chief Procurement Officer Signature

9/29/2011
Date

Please ensure adherence to applicable administrative requirements.